File with: lowe Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A



2008 DCT 29 PM 44.0

510 E. 12", Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM E SUMMARY PAGE		2008 OCT 29 PM 1: 40
COMMITTEE NAME (Must be		ganization)	٦.	
WILHELM FOR IOWA SE	NATE		11	FORM
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge S (4)County Central Committee (5 Subdivision Candidate (8)Count 11) Local Ballot Issue	tending for Retention Candidate County Candidate (6 Yelly Car	r: (2)State PAC (3)State Party didate (7)School Board or Other Political Board or Other Political Subdivision PAC		DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. #
CANDIDATE COMMITTEES (Candidate Name MARY JO WILHELM	ONLY:	Political Party (if applicable) DEMOCRAT		Logged In S
Office Sought STATE SENATE		District (If Senate or House)	- 1 - 1	Audited
BIGNATURE OF PERSON FILE		rursuant to lowa Code sections 688.32A(<u> SC3-517-57きず</u> TELEPHONE		DATE SIGNED
AM FILING A 10-31-08		REPORT FOR (1) ELECTION /	2)NON	-ELECTION YEAR.
(reg	port date)	indicate by #	1	
CHECK IF AMENDMENT TO	REPORT DATED		ocal Con	nmittees, enter Date of Election
STATEME	file reports until a DR-3 is file INT OF CASH ON HAN ing of the reporting period. (T	D otal of all funds held by the	hich Elec	Local Committees, enter County in ction is held
of the last reporting pe	Int MUST be the same as the riod or must be zero if this is:	cash on hand at the end first report filed.)	\$	2,840.64
	TAKEN IN THIS PERIOD			0.015.00
	-	dule A) (*also see in-kind below)		8,815.00
		F).,		0.00
		ach Schedule H)	i	0.00
	applies to Candidates' Com	8VB-T&TAL		11.655.64
	IONEY SPENT THIS PERIO			270.00
) (**also see debts and loans below)		270.00
		ule F)		0.00
ASH ON HAND at the end of t	his reporting period (if final re	port balance must be zero)	\$	11,385.64
UNPAID BILLS (From Schedu	ile D - Attach Schedule D)	***************************************	\$	0.00
N KIND CONTRIBUTIONS (Fr	om Schedule E - Attach Sche	odule E)	\$	109,188.97
		ule F)	\$	2,525.00
ONSULTANT BREAKDOWN	•		_	_YES ✓ NO
ANDIDATE COMMITTEES ON	· ·	i		0.00
ALUE OF CAMPAIGN PROPE	· ·	ach Schedule H)	\$	0.00
TATE COMMITTEES, Submit	a announdled announded			

For instruc	ions, See B	ack of Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
WILHELM FOR IOWA SENATE	

K Ž	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

Lennie Burke Waterloo Creek Road Dorchester, IA 52140 Dorchester, IA 52161 Dorche	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER
CK# Waterloo Creek Road Dorchester, IA 52140		ID#			<u> </u>	INCOME
10/23/08 CK# June Moudry 150 Church Street Profivin, 1A 52163	10/23/08	CK#	Waterloo Creek Road	none	\$20.00	
10/23/08	· ·	ID#	Dorchester, IA 32140			<u>L</u>
10/28/08	10/23/08	CK#	150 Church Street	none	20.00	
10/28/08 CK# 4520 Des Moines, IA 50309-4091 Des Moines, IA 50309-4091 Des Moines, IA 50309-4091 Des Moines, IA 50314-1078 Des Moines, IA 50466 Des Moines, IA	10/28/08	6127 CK# 0771	1st Cong. Dist. Iowa, COPE AFL-CIO 1610 Garfield Ave.	none	300.00	
	10/28/08	6046 CK# 4520	218 6th Ave, Ste. 526	none	2,000.00	
150.00 1		10#				
10# Wanda Walter 3248 Scenic River Road Decorah, IA 52101 10# Marvin Cooper 1601 Division Street Decorah, IA 52101 10# Ellen Murphy 22062 80th Street Cresco, IA 52136 10# Walter McIntosh PO Box 272 Lime Springs, IA 52155 10# Elaine Govern CK# PO Box 116 Riceville, IA 50466 SUB-TOTAL \$2,815.00 TOTAL (If lest page of this schedule) \$2,815.00 COMMENTATION \$2,815.00 COMMENTATION \$2,81	10/28/08	CK#	696 18th St	none	150.00	
O/21/08		ID#	Des 113041106, 12 30317-1076			
D#	10/21/08		3248 Scenic River Road	none	50.00	
1601 Division Street		ID#				
D# Ellen Murphy 22062 80th Street 150.00	10/21/08	CK#	1601 Division Street	none	50.00	
CK# 22062 80th Street 150.00		ID#	Section II. Selvi			
0/21/08 CK# Walter McIntosh PO Box 272 Lime Springs, IA 52155 D# 0/21/08 CK# Elaine Govern PO Box 116 Riceville, IA 50466 TOTAL (if last page of this schedule)	10/21/01	CK#	22062 80th Street	none	150.00	
CK# PO Box 272		ID#		 		
0/21/08 CK# Elaine Govern PO Box 116 Riceville, IA 50466 SUB-TOTAL \$ 2,815.00	10/21/08	CK#	PO Box 272	none	25.00	
CK# Elaine Govern PO Box 116 Riceville, IA 50466 SUB-TOTAL \$ 2,815.00 TOTAL (if last page of this schedule)		!D#	Cours chimes' Tur 17111	+ '		
TOTAL (if last page of this schedule)	10/21/08		PO Box 116	none	50.00	
TOTAL (if last page of this schedule)				SUB-TOTAL		
TOTAL (if last page of this schedule)					\$ 2,815.00	
			TOTAL (if last page	of this schedule)	•	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surmame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page one of two (for Schedule A)

For Instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) WILHELM FOR IOWA SENATE			CK THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBER:	AL ACTION COMMITTEE), I S IS AVAILABLE PROM THI	LIST THE PAC IDE E IOWA ETHICS A	INTIFICATION ND CAMPAIGN
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THA RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD			

OULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
10/21/08	ID# 6060 CK# ₂₆₁₉	IA Committee on Pol. Ed., AFL-CIO 2000 Walker, Suite A Des Moincs, IA 50317	none	\$5,000.00	INCOME
10/21/08	1D# 6046 CK# 4500	Justice for All PAC 218 6th Ave, Stc. 526 Des Moines, IA 50309-4091	none	1,000.00	
	ID# CK#				
	ID#				
	CK#	·			
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	ID#				
	CK#				
			SUB-TOTAL	\$ 6,000.00	
		TOTAL (if last page	e of this schedule)		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

CCOUNT CREW. 07/03) CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

COMMITTEE NAME (Must be same as on Statement of Organization)
WILHELM FOR IOWA SENATE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diaburgement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/08	ID#	Nate Kapke 101 1/2 Winnebago, #1 Decorah, IA 52101	postage reimburse	\$ 189.00
	ID#	Nate Kapke		
10/28/08	CK#	101 1/2 Winnebago, #1 Decorah, IA 52101	postage reimburse	81.00
	ID#	·		
	CK#			
	ID#			
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1		, , , , , , , , , , , , , , , , , , , ,	\$UB-TOTAL	\$ 270.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 88A-402(3)(!).)

Page	one	of	one	

\$ 270.00

TOTAL (if last page of this schedule).

FOR INSTRUCTIONS, SEE BACK OF FORM	
WILHELM FOR IOWA SENATE	SCHEDULE E IN-KIND (Rev. 08/97) CONTRIBUTIONS
	CHECK THIS BOU IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10/15/08	EMILY'S List 1120 Connecticut Ave NW, Suite 1100 Washington, DC 20036	попе	staff and travel	\$ 1,183.32	CONTRIBUTION
10/15/08	Iowa Senate Majority Fund 5661 Fleur Drive Des Moincs, IA 50321	none	Direct Mail and Postage	8,477.70	
10/15/08	Iowa Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321	none	Direct mail and Postage	8,477.70	
10/15/08	lowa Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321	nonc	Media Buy	42,000.00	
10/17/08	Iowa Scnate Majority Fund 5661 Pleur Drive Des Moines, IA 50321	none	Direct mail and Postage	7,050.25	
10/22/08	Iowa Scnate Majority Fund 5661 Fleur Drive Des Moinos, IA 50321	none	media buy	42,000.00	
			:		
				·	
	, , , , , , , , , , , , , , , , , , , ,		SUB-TOTAL	\$" 109,188.97	
			TOTAL (if lest page of this schedule)	\$ 109,188.97	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the normalities. Relationship must be shown to the their degree of contributor is the same as candidate, but there is no IDP ISPORTINGS, Hat-Link DSSGREEN to tK-IUDRENKIS FROP n.

Page one of one (Nor Schedule E)

MMITTEE NAME(Must be same as on Statement of Organization)	at — Loy A 元 美 175 年 27 年	SCHEDULE	LOA
TLHELM FOR I			(Rev. 02/08)	RECE & REP
TE: This schedule TAL UNPAID LOA!	reports money loaned to the committee which is deposited in the YS FROM LAST REPORTING PERIOD \$	committee account.	CHECK 1	THIS BO
RTI - MONETARY (Original sou	LOANS RECEIVED THIS REPORTING PERIOD rice of loan, such as a bank, must be shown if a third party is invo	Ned. Include loens from candid	ale's personal fi	ınds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER	691		
(MM/DD/YR)	(Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable")	AMOUNT O	FLOAN
			s	
·				
	· · · · · · · · · · · · · · · · · · ·	·		
			-	
	•			
		ľ		
		TOTAL (PART I)	\$ 0	
RT II - MONETARY (Loans forgiv DATE PAID MM/DD/YR)	LOAN REPAYMENTS MADE THIS REPORTING PERIOD on must be reported on Schedule E – In-kind Cantributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO	\$ 0	PAID
DATE PAID	or, mod by reported on Scriedule E — In-kind Contributions.)			PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT RE	PAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT RE	PAID